



**Commonwealth of Massachusetts  
Health Care Quality and Cost Council  
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**JUDYANN BIGBY, M.D.**  
Chair

**KATHARINE LONDON**  
Executive Director

**End of Life Care Committee and  
Chronic Care Management and Prevention Committee**

**Meeting Minutes**

**Date:** Wednesday July 2, 2008

**Time:** 11:00 – 12:30 p.m.

**Place:** One Ashburton Place, 21<sup>st</sup> Floor, Boston, MA

**Council Members Present:** Jim Conway (Chair), Beth Capstick, Tom Lee, Katharine London, and Catharine Moore for Dolores Mitchell.

*Meeting called to order at 11:03am*

**I. Approval of Minutes from May 7, 2008 Meeting**

The Committee approved Minutes of its May 7, 2008 Meeting.

**II. Items for Discussion**

**A. Hospice Care Statistics – Diane Bergeron, Hospice Care, Inc.**

- Diane Bergeron, President of Hospice & Palliative Care Federation of MA (H&PCFM) and Executive Director of VNA Hospice Care, presented on the hospice care environment in the Commonwealth.
- Diane discussed the growth of hospice care programs in Massachusetts from 2000 to 2007. In 2000, H&PCFM had 43 members representing 100 percent of all hospices. In 2007, H&PCFM had 58 hospice members or 93 percent of the 63 facilities in the state, which represents a 47% growth during that time period. There are currently 18 additional branches and 1 pending applicant which ranks Massachusetts 8<sup>th</sup> overall in growth in the U.S. She explains this growth is largely due to greater education and awareness of end of life care in the state, especially amongst the baby boomer population.

Diane described the landscape of hospice care in the Commonwealth with several key statistics:

- Accreditation is not required of hospice care facilities but in Massachusetts 32 facilities are accredited with either JCAHO or CHAP while 26 facilities are not accredited at the moment.

- Of the H&PCFM member facilities, 72 percent (42 facilities) are non-profit compared to 49 percent in the U.S.
- Of the H&PCFM member facilities, 28 percent (16 facilities) are for profit compared to 46 percent in the U.S.
- In 2000, there were 8,417 patients admitted compared to 700,000 in the U.S.
- In 2007, patient admission figures in MA jumped to 19,010 compared to 1,300,000 in the US; an increase of 126% (10,593 patients) since 2000.
- The majority of H&PCFM member facilities (20) have a range of 100-299 patient admissions annually with the next largest group (12 member facilities) admitting 300-499 patients annually.
- While deaths by diagnosis in hospice care facilities vary, the majority of patients had a cancer diagnosis (47%).
- The hospice care patient pool, however, is less diverse with White patients accounting for 93% of admissions in Massachusetts but Diane states that there is more diversity today than in previous years.
- In 2006, 51% of hospice deaths occurred at home compared to 47% in the U.S.
- In 2006, the average length of stay was 56.5 days compared to 59.8 days in the U.S. while the median length of stay was 27.4 days in MA compared to 20.6 days in the U.S.

Diane also discussed the Massachusetts payor mix, comprise primarily by Medicare, the levels of care, H&PCFM member concerns with an emphasis on the need for recruitment/retention of executives, staff, and volunteers. She concluded her presentation with an overview of goals for 2008-2010 and issues that are of immediate attention.

A copy of the presentation will be posted on the HCQCC website – [www.mass.gov/healthcare](http://www.mass.gov/healthcare)

#### **B. Physician Order for Life Sustaining Treatment (POLST)**

**Ruth Palombo, Executive Office of Elder Affairs, Andy Epstein, Department of Public Health**

- Andy Epstein from the Massachusetts Department of Public Health and Ruth Palombo from the Executive Office of Elder Affairs presented a proposed paradigm for Physician Orders for Life Sustaining Treatment (POLST) in the Commonwealth.
- A legal opinion determined that no statutory and regulatory barriers exist to implement a pilot POLST program. In order to conduct a pilot program, clear administrative directives must be written to modify existing protocols or treatment standards in the pilot area that would impact the ability to conduct a pilot. The pilot can be implemented by existing protocols and depending on results from the pilot, regulatory changes may be needed to implement at the statewide level.

- Andy Epstein and Ruth Palombo discussed the three steps required for developing and implementing a state POLST program - Planning, Implementation, and Key components of Integrated system. They noted the need for community input and participation through the formation of a local/regional taskforce but looked to the Committee and attendees of the meeting to provide initial feedback on the process. Several suggestions were made including using Partners Health Systems and North Shore Medical Center, suggesting a pilot site in Barnstable County because of the existence of AIDS hospices and VNA's as resources, consideration of 2 pilot sites, targeting disparities, and working with the Extended Care Federation to assist with identifying facilities. Jim Conway noted that a recent event at the Brookline Senior Center gave a good indication that senior centers or Councils on Aging in various towns would be good resources as well.
- When discussing the need for key stakeholders as a part of the POLST pilot process, Andy and Ruth requested feedback regarding their current list of organizations and agencies. Suggestions included the Massachusetts Nurses Association, AARP, EMS and CHCs. Alice Bonner from the Massachusetts Extended Care Federation and Pat Noga from the Massachusetts Hospital Association offered their assistance to the project.

Concluding this item on the agenda, Katharine London requested that Andy Epstein and Ruth Palombo provide the Council with a list of required resources and a budget for the POLST Pilot.

A copy of the presentation will be posted on the HCQCC website – [www.mass.gov/healthcare](http://www.mass.gov/healthcare)

### **C. Discussion of End of Life event to focus on Dartmouth Atlas findings**

- Jim Conway presented slides to discuss the Dartmouth Atlas of Health Care study relative to the care of end of life and to bring attention to the variation across hospitals in Massachusetts. Jim discussed the comparison between academic centers in cost analysis and the difference in variation across community hospitals and ICU's and shared that the Institute for Healthcare Improvement is currently putting information on how to use the Atlas data. Tom Lee commented that after seeing the data he is not sure what to do with it. He added that within hospitals there are service differences that should be considered.
- In discussing the matter of dealing with variation and how the Council should deal with the Dartmouth Atlas findings, the Committee considered inviting hospital executives to testify at public hearing to find out the driving factors for the great variation. Another option the Committee considered was to have

end of life care be the focus of the Council's annual meeting with a focus on presenting options for change rather than presenting data.

- The Committee decided to convene a small group to meet with hospital executives and bring a plan to present to the Council on how to address the variation found in the Dartmouth Atlas study. Some suggestions for meeting attendees included Beth Capstick, Tom Lee, Lahey Clinic, Caritas and North Shore Hospice.
- A copy of the presentation will be posted on the HCQCC website – [www.mass.gov/healthcare](http://www.mass.gov/healthcare)

*Meeting Adjourned at 12:32pm*